

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 691657 722	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/			51	X		
2	/		/			52		1	
3	/		/			53			
4	/		/			54			
5	/		/			55			
6	/		/			56			
7	/		/			57			
8	/		/			58			
9	/		/			59			
10	/		/			60			
11	/		/			61			
12	/		/			62			
13	/		/			63			
14	/		/			64			
15	/		/			65			
16	/		/			66			
17	/		/			67			
18	/		/			68			
19	/		/			69			
20	/		/			70			
21	/		/			71			
22	/		/			72			
23	/		/			73			
24	/		/			74			
25	/		/			75			
26	/		/			76			
27	/		/			77			
28	/		/			78			
29	/		/			79			
30	/		/			80			
31	/		/			81			
32	2		/			82			
33	2		/			83			
34	2		/			84			
35	1		/			85			
36	1		/			86			
37	2		/			87			
38	2		/			88			
39	1		/			89			
40	1		/			90			
41	1		/			91			
42	1		/			92			
43	2		/			93			
44	2		/			94			
45	2		/			95			
46	2		/			96			
47	2		/			97			
48	2		/			98			
49	2		/			99			
50	2		/			100			
TOTAL IND.	6					TOTAL IND.			
TOTAL DEP.	42					TOTAL DEP.	14		
TOTAL CLAIMS	48					TOTAL CLAIMS	15		